



BEFORE & AFTER SCHOOL CARE REGISTRATION FORM

Auburn Parks and Recreation Department
910 9th St. S.E, Auburn, WA 98002 (253) 931-3043

Child's Name _____ Birthdate _____ Allergies _____ Weight _____

Address _____ City _____ Zip _____

Parent's Name _____ Phone(Home) _____ (Work) _____

SCHOOL AGE-5 DAY

Please register my child in: THE FOLLOWING WEEKS OF BEFORE AND AFTER CARE:

- | | | | |
|--------------------------------------------|--------------------------------------------|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> 19178 9/07-9/10 | <input type="checkbox"/> 19190 10/11-10/15 | <input type="checkbox"/> 19195 11/15-11/19 | <input type="checkbox"/> 19200 12/20-12/23 |
| <input type="checkbox"/> 19179 9/13-9/17 | <input type="checkbox"/> 19191 10/18-10/22 | <input type="checkbox"/> 19196 11/22-11/24 | <input type="checkbox"/> 19201 12/27-12/30 |
| <input type="checkbox"/> 19180 9/20-9/24 | <input type="checkbox"/> 19192 10/25-10/29 | <input type="checkbox"/> 19197 11/29-12/03 | |
| <input type="checkbox"/> 19181 9/27-10/01 | <input type="checkbox"/> 19193 11/01-11/05 | <input type="checkbox"/> 19198 12/06-12/10 | |
| <input type="checkbox"/> 19189 10/04-10/08 | <input type="checkbox"/> 19194 11/08-11/12 | <input type="checkbox"/> 19199 12/13-12/17 | |

SCHOOL AGE-3 DAY

Please register my child in: THE FOLLOWING WEEKS OF BEFORE AND AFTER CARE:

- | | | | |
|--------------------------------------------|--------------------------------------------|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> 19202 9/07-9/10 | <input type="checkbox"/> 19207 10/11-10/15 | <input type="checkbox"/> 19212 11/15-11/19 | <input type="checkbox"/> 19217 12/20-12/23 |
| <input type="checkbox"/> 19203 9/13-9/17 | <input type="checkbox"/> 19208 10/18-10/22 | <input type="checkbox"/> 19213 11/22-11/24 | <input type="checkbox"/> 19218 12/27-12/30 |
| <input type="checkbox"/> 19204 9/20-9/24 | <input type="checkbox"/> 19209 10/25-10/29 | <input type="checkbox"/> 19214 11/29-12/03 | |
| <input type="checkbox"/> 19205 9/27-10/01 | <input type="checkbox"/> 19210 11/01-11/05 | <input type="checkbox"/> 19215 12/06-12/10 | |
| <input type="checkbox"/> 19206 10/04-10/08 | <input type="checkbox"/> 19211 11/08-11/12 | <input type="checkbox"/> 19216 12/13-12/17 | |

KINDERGARTEN-5 DAY

Please register my child in: THE FOLLOWING WEEKS OF BEFORE AND AFTER CARE:

- | | | | |
|--------------------------------------------|--------------------------------------------|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> 19219 9/07-9/10 | <input type="checkbox"/> 19224 10/11-10/15 | <input type="checkbox"/> 19229 11/15-11/19 | <input type="checkbox"/> 19234 12/20-12/23 |
| <input type="checkbox"/> 19220 9/13-9/17 | <input type="checkbox"/> 19225 10/18-10/22 | <input type="checkbox"/> 19230 11/22-11/24 | <input type="checkbox"/> 19235 12/27-12/30 |
| <input type="checkbox"/> 19221 9/20-9/24 | <input type="checkbox"/> 19226 10/25-10/29 | <input type="checkbox"/> 19231 11/29-12/03 | |
| <input type="checkbox"/> 19222 9/27-10/01 | <input type="checkbox"/> 19227 11/01-11/05 | <input type="checkbox"/> 19232 12/06-12/10 | |
| <input type="checkbox"/> 19223 10/04-10/08 | <input type="checkbox"/> 19228 11/08-11/12 | <input type="checkbox"/> 19233 12/13-12/17 | |

KINDERGARTEN-3 DAY

Please register my child in: THE FOLLOWING WEEKS OF BEFORE AND AFTER CARE:

- | | | | |
|--------------------------------------------|--------------------------------------------|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> 19236 9/07-9/10 | <input type="checkbox"/> 19241 10/11-10/15 | <input type="checkbox"/> 19246 11/15-11/19 | <input type="checkbox"/> 19251 12/20-12/23 |
| <input type="checkbox"/> 19237 9/13-9/17 | <input type="checkbox"/> 19242 10/18-10/22 | <input type="checkbox"/> 19247 11/22-11/24 | <input type="checkbox"/> 19252 12/27-12/30 |
| <input type="checkbox"/> 19238 9/20-9/24 | <input type="checkbox"/> 19243 10/25-10/29 | <input type="checkbox"/> 19248 11/29-12/03 | |
| <input type="checkbox"/> 19239 9/27-10/01 | <input type="checkbox"/> 19244 11/01-11/05 | <input type="checkbox"/> 19249 12/06-12/10 | |
| <input type="checkbox"/> 19240 10/04-10/08 | <input type="checkbox"/> 19245 11/08-11/12 | <input type="checkbox"/> 19250 12/13-12/17 | |

Assumption of Risks/Exculpatory Clause: For and in consideration of the opportunity offered to my child, _____, to participate in the above-named activity/activities offered by the Auburn Parks and Recreation Department, I, as evidenced by my signature below, do hereby hold harmless, release and waive all claims I may have or my child may have against the City of Auburn, its officials, employees, agents, or contracted instructors, and any other person(s) involved in the above-named activity/activities for any and all injuries, losses, damages or death suffered by me or my child as a result of my participation or my child's participation in the above-named activity/activities. I accept full responsibility for the cost of treatment for any injury, losses, damages, or death suffered while my child or myself takes part in the activity/activities or as a result of either of us taking part in the activity/activities.

Signature of Participant/Parent/Guardian _____

MAIL PAYMENTS TO: Auburn Parks Dept. 910 9th St. S.E. Auburn, WA 98002. (253)931-3043 FAX (253) 931-4005

To aid in our planning, please complete the following:

I will bring my child to day camp at _____ a.m. and pick him/her up at _____ p.m.

You may reserve a spot for care with a \$20.00 NON-REFUNDABLE, NON-TRANSFERABLE deposit for each week/session registered. If your full payment is not received by Wednesday prior to the start of the camp, your spot will no longer be reserved.

Make check payable to Auburn Parks and Recreation		TOTAL DUE \$
CREDIT CARD INFORMATION		
<input type="checkbox"/> MC	EXP. DATE	VISA or MASTERCARD #
<input type="checkbox"/> VISA	Please print name of cardholder	